| 1 | Year being corrected 2 Emp | oyer's use | For Official Use Only ▶ | | |
|--------------|---|---|---|--|--|
| 3 | Form: | NS | 4 Statutory | De 942 Legal Medicare | OMB No. 1545-0008 |
| | ☐ W-2P ☐ W-20 | SU 🗌 W-2VI | employee | ceased employee Rep. Fed. emp. | Expires 6-30-88 |
| 5 | Employee's correct SSN | 6 Employer's SSA r | number | 7 Employer's Federal EIN | 8 Employer's state I.D. number |
| | | 69- | | | |
| 9 | Employee's name, address, and ZIP | code | | 10 Employer's name, address, and ZIP | code |
| | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | complete 11 and/or 12 only if | 11 Employee's inco | rrect SSN | 12 Employee's name (as incorrectly sh | own on previous form) |
| ir | ncorrect on the last form you led. Show incorrect item here | 22 Employee e mee | | | , |
| -" | item | (a) As Previous | ly Reported | (b) Correct Information | (c) Increase (decrease)-(b) less (a) |
| | 13 Social security wages | (1) | | | |
| 1 | 14 Social security tips | | | | |
| | 15 Social security tax withheld | | | | |
| | 16 Wages, tips, other comp. | | | | |
| ES | 17 Federal income tax withheld | | | | |
| CHANGES | 18 Allocated tips | | | | |
| ₹ | 19 * | | | | |
| じ | 20 Gross annuity, etc. (W-2P) | | | | |
| | 21 Taxable amount (W-2P) | | | | |
| | 22 State wages | | | | |
| | 23 State tax withheld | | | | |
| | 24 Local wages 25 Local tax withheld | | | | |
| <u> </u> | *See instructions. For Paperwork R | eduction Act Notice | see hack of Con | v D Copy A | for Social Security Administration |
| | See instructions. For Faperwork N | eduction Act Notice, | 300 B2011 07 00p | 55, | • |
| | Form W-2c (Rev. 10-85) State | ement of Corre | cted Incom | e and Tax Amounts | Department of the Treasury Internal Revenue Service |
| Ь. | | | | | |
| | | | | | |
| | | | | | |
| | | | _ | | |
| <u> </u> | | loyer's use | For Official | | |
| 1 | 19 | | Use Only ▶ | | |
| | 19 W-2 | AS. | Use Only ► 4 Statutory | De- 942 Legal Medicare ceased employee Rep. Fed. emp. | OMB No. 1545-0008 Fyotres 6-30-88 |
| 3 | 19 Form: | AS GU [] W-2VI | Use Only ► 4 Statutory employee | ceased employee Rep. Fed. emp. | Expires 6-30-88 |
| 3 | 19 W-2 | AS GU W-2VI | Use Only ► 4 Statutory employee | | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | AS GU W-2VI 6 Employer's SSA I | Use Only ► 4 Statutory employee | ceased employee Rep. Fed. emp. 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | AS GU W-2VI 6 Employer's SSA I | Use Only ► 4 Statutory employee | ceased employee Rep. Fed. emp. | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | AS GU W-2VI 6 Employer's SSA I | Use Only ► 4 Statutory employee | ceased employee Rep. Fed. emp. 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | AS GU W-2VI 6 Employer's SSA I | Use Only ► 4 Statutory employee | ceased employee Rep. Fed. emp. 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | AS GU W-2VI 6 Employer's SSA I | Use Only ► 4 Statutory employee | ceased employee Rep. Fed. emp. 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the complete 11 and/or 12 only if | AS GU W-2VI 6 Employer's SSA I | Use Only ► 4 Statutory employee □ number | ceased employee Rep. Fed. emp. 7 Employer's Federal EIN | 8 Employer's state I.D. number |
| 3 5 9 9 | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN | AS GU W-2VI 6 Employer's SSA I 69- code | Use Only ► 4 Statutory employee □ number | Temployer's Federal EIN Temployer's name, address, and ZIP | 8 Employer's state I.D. number |
| 3 5 9 9 | 19 Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you | AS GU W-2VI 6 Employer's SSA I 69- code | Use Only ► 4 Statutory employee □ number | Temployer's Federal EIN Temployer's name, address, and ZIP | 8 Employer's state I.D. number |
| 3 5 9 9 | T9 Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you lied. Show incorrect item here | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 9 | TO W-2 W-2/ W-2/ W-2/ W-2/ W-2/ W-2/ W-2/ | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 9 | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you led. Show incorrect item here Item 13 Social security wages 14 Social security tips 15 Social security tax withheld | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you lied. Show incorrect item here Item 13 Social security wages 14 Social security tips 15 Social security tax withheld 16 Wages, tips, other comp. | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you lied. Show incorrect item here Item 13 Social security wages 14 Social security tips 15 Social security tax withheld 16 Wages, tips, other comp. | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you lied. Show incorrect item here Item 13 Social security wages 14 Social security tips 15 Social security tax withheld 16 Wages, tips, other comp. | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you lied. Show incorrect item here Item 13 Social security wages 14 Social security tips 15 Social security tax withheld 16 Wages, tips, other comp. | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 9 | Form: W-2 W-2/ W-2P W-2C Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you lied. Show incorrect item here Item 13 Social security wages 14 Social security tips 15 Social security tax withheld 16 Wages, tips, other comp. 17 Federal income tax withheld 18 Allocated tips 19 * 20 Gross annuity, etc. (W-2P) | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/W-2/Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you led. Show incorrect item here Item 13 Social security wages 14 Social security tax withheld 16 Wages, tips, other comp. 17 Federal income tax withheld 18 Allocated tips 19 * 20 Gross annuity, etc. (W-2P) 21 Taxable amount (W-2P) | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/W-2/P W-2/C Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you led. Show incorrect item here Item 13 Social security wages 14 Social security trips 15 Social security tax withheld 16 Wages, tips, other comp. 17 Federal income tax withheld 18 Allocated tips 19 * 20 Gross annuity, etc. (W-2P) 21 Taxable amount (W-2P) 22 State wages | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/ W-2P W-20 Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you led. Show incorrect item here Item 13 Social security wages 14 Social security tax withheld 16 Wages, tips, other comp. 17 Federal income tax withheld 18 Allocated tips 19 * 20 Gross annuity, etc. (W-2P) 21 Taxable amount (W-2P) 22 State wages 23 State tax withheld | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Cirifi | Form: W-2 W-2/W-2/P W-2/C Employee's correct SSN Employee's name, address, and ZIP of the correct on the last form you led. Show incorrect item here Item 13 Social security wages 14 Social security trips 15 Social security tax withheld 16 Wages, tips, other comp. 17 Federal income tax withheld 18 Allocated tips 19 * 20 Gross annuity, etc. (W-2P) 21 Taxable amount (W-2P) 22 State wages | 6 Employer's SSA r 69- code | Use Only ► 4 Statutory employee □ number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number code own on previous form) |

Form W-2c (Rev. 10-85) Statement of Corrected Income and Tax Amounts

| 1 | Year being correcte 19 | ed Z Liiii | oloyer's use | | | | |
|-----------------------------|--|--|-------------------------------------|----------------------|---|--|--|
| | | | A.C. | 4 Statutory | De- 942 L | egal Medicare | |
| 3 | Form: | □ W-2 • □ W-2 | | employee | De- 942 L ceased employee F | Rĕp. Fed.emp. □ □ | OMB No. 1545-0008 Expires 6-30-88 |
| | Employee's correc | | 6 Employer's SSA | number | 7 Employer's Federa | I FIN | 8 Employer's state I.D. number |
| 5 | Limpidyee 3 correc | 1.0014 | 69- | idilibei | , Employer or each | | |
| 9 | Employee's name, | address, and ZIP | | | 10 Employer's name, | address, and ZIP of | ode |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| in | omplete 11 and/or correct on the last ed. Show incorrect | form you | 11 Employee's inco | rrect SSN | 12 Employee's name | (as incorrectly sho | own on previous form) |
| | lte | em | (a) As Previous | ly Reported | (b) Correct In | formation | (c) Increase (decrease)-(b) less (a) |
| | 13 Social secur | rity wages | | | | | |
| | 14 Social secur | rity tips | | | | | |
| | 15 Social secur | rity tax withheld | | | | | |
| | 16 Wages, tips | , other comp. | | | | | |
| ES | 17 Federal inco | ome tax withheld | | | | | |
| 2 | 18 Allocated tip | ps | | | | | |
| CHANGES | 19 | | | | | | |
| ਹ | | ity, etc. (W-2P) | | | | | |
| | | ount (W-2P) | | | | | |
| | 22 State wages | | | | | | |
| | 23 State tax wi | | | | | | |
| | 24 Local wages | | | | | | |
| - | 25 Local tax wi | timera | | | | Copy 1 for sta | te, city, or local tax department |
| | | | | | | | |
| | Form W-2c (Re | v. 10-85) Stat | ement of Corre | cted Incom | ie and Tax Amou | ınts | Department of the Treasury Internal Revenue Service |
| 1 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 | Year being correct | ed 2 Em | oloyer's use | 1 | | | |
| 1 | Year being correct | ed 2 Em | oloyer's use | | | | |
| | | □ W-2 | AS | 4 Statutory employee | De- 942 L ceased employee F | egal Medicare Rep. Fed. emp. | OMB No. 1545-0008 |
| | 19 | □ W-2 | AS W-2VI | | | | Expires 6-30-88 |
| 3 | 19 Form: | □ W-2 | AS AGU W-2VI 6 Employer's SSA | | De- 942 L ceased employee F | | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 W-2F Employee's correct | □ W-2 | GU W-2VI 6 Employer's SSA | | 7 Employer's Federa | al EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | □ W-2 | GU W-2VI 6 Employer's SSA | | | al EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 W-2F Employee's correct | □ W-2 | GU W-2VI 6 Employer's SSA | | 7 Employer's Federa | al EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 W-2F Employee's correct | □ W-2 | GU W-2VI 6 Employer's SSA | | 7 Employer's Federa | al EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 W-2F Employee's correct | □ W-2 | GU W-2VI 6 Employer's SSA | | 7 Employer's Federa | al EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form: W-2 W-2F Employee's correc | W-2 W-2 t SSN address, and ZIF | GGU W-2VI 6 Employer's SSA 69- code | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP o | 8 Employer's state I.D. number |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correct Employee's name, | W-2 t SSN address, and ZIF | GU W-2VI 6 Employer's SSA | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP o | Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correc Employee's name, omplete 11 and/or correct on the last ed. Show incorrec | W-2 t SSN address, and ZIF | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correc Employee's name, complete 11 and/or correct on the last ed. Show incorrec | W-2 W-2 t SSN address, and ZIF | GGU W-2VI 6 Employer's SSA 69- code | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social securi | W-2 t SSN address, and ZIF 12 only if form you titem here em | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social secui- | W-2 t SSN address, and ZIF 12 only if form you titem here em | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correct Employee's name, omplete 11 and/or correct on the last ed. Show incorrect Ite 13 Social secur 14 Social secur 5 Social secur | W-2 W-2 W-2 t SSN address, and ZIF 12 only if form you titem here em rity wages rity tips rity tax withheld | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social secur 14 Social secur 15 Social secur 16 Wages, tips | W-2 t SSN address, and ZIF 12 only if form you titem here em | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social secur 14 Social secur 15 Social secur 16 Wages, tips | 12 only if form you titem here em rity wages rity tax withheld on other comp. | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, correct on the last ed. Show incorrect 13 Social secur 14 Social secur 15 Social secur 16 Wages, tips 17 Federal incorrect | 12 only if form you titem here em rity wages rity tax withheld on other comp. | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 9 Ccc in | Form: W-2 W-2F Employee's correct Employee's name, correct on the last ed. Show incorrect 13 Social secui 14 Social secui 15 Social secui 16 Wages, tips 17 Federal incu 18 Allocated ti 19 | 12 only if form you titem here em rity wages rity tax withheld on other comp. | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social secui 14 Social secui 15 Social secui 16 Wages, tips 17 Federal inci 18 Allocated ti 19 20 Gross annu | W-2 V-2 V-2 V-2 V-2 V-2 V-2 V-2 | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social secui 14 Social secui 15 Social secui 16 Wages, tips 17 Federal inci 18 Allocated ti 19 20 Gross annu | W-2 I SSN address, and ZIF 12 only if form you titem here em rity wages rity tax withheld a, other comp. ome tax withheld ps ity, etc. (W-2P) iount (W-2P) | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, promplete 11 and/or correct on the last ed. Show incorrect 14 Social secur 15 Social secur 16 Wages, tips 17 Federal incr 18 Allocated ti 19 20 Gross annu 21 Taxable am | 12 only if form you titem here em rity wages rity tax withheld ps ity, etc. (W-2P) s | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 3 5 Cocinn fill | Form: W-2 W-2F Employee's correct Employee's name, complete 11 and/or correct on the last ed. Show incorrect 13 Social secur 14 Social secur 15 Social secur 16 Wages, tips 17 Federal inco 18 Allocated ti 19 20 Gross annu 21 Taxable am 22 State wage | W-2 W-2 I SSN address, and ZIF 12 only if form you titem here em rity wages rity tips rity tax withheld in, other comp. ome tax withheld ps ity, etc. (W-2P) iount (W-2P) s iithheld | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of | 8 Employer's state I.D. number code own on previous form) |
| 5 9 Ccc in fill | Form: W-2 W-2F Employee's correct Employee's name, correct on the last ed. Show incorrect 14 Social secur 15 Social secur 16 Wages, tips 17 Federal incr 18 Allocated ti 19 20 Gross annu 21 Taxable am 22 State wage 23 State tax w | 12 only if form you titem here em rity wages rity tax withheld ps lity, etc. (W-2P) sithheld s | 6 Employer's SSA 69- | number | 7 Employer's Federa 10 Employer's name, | al EIN address, and ZIP of the control of the contr | 8 Employer's state I.D. number code own on previous form) |

| 1 | | | g corrected | 2 Empl | loyer's use | | | | |
|-------------|--|--|--|--|---|----------------------|---|---|---|
| | | 19 | | | | | | | |
| 3 | Form | . [| 7 W-2 | [] W-2A | AS. | 4 Statutory | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. | OMB No. 1545-0008 |
| • | . 0 | · - | 7 W-2P | W-20 | | employee | ceased employee | Rep. Fed.emp. | Expires 6-30-88 |
| E. | C man l | louge' | 's correct SSN | | 6 Employer's SSA | | 7 Employer's Fed | eral FIN | 8 Employer's state I.D. number |
| Э | Embi | oyee | S CORRECT 33IA | | 69- | number | , Employer 31 cd | Crar En | S Employer s state i.b. mannes |
| m :=== | | | | | L | | 10 5 | | |
| S | Empl | oyee' | 's name, address | s, and ZIP o | code | | 10 Employer's nan | ne, address, and ZIP | code |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 1.11 | 1 1 (1 21 | | 11 Employee's inco | arract SSN | 12 Employee's nar | ne (as incorrectly sh | own on previous form) |
| in | mpie corre | ect on | l and/or 12 only i the last form yo | ou 👂 | 11 Employee's mcc | meet oon | 12 Limployee 3 har | ne (as meonicelly si | own on previous rolling |
| | | | ncorrect item h | ere 🂆 | | | | | T |
| | | | Item | | (a) As Previous | sly Reported | (b) Correct | Information | (c) Increase (decrease)-(b) less (a) |
| | 13 | Soc | cial security wage | es | | | | | |
| | 14 | Soc | cial security tips | | | | | | |
| | | | cial security tax v | withheld | | | | | |
| | | | | | | | | | |
| | 16 | | ges, tips, other o | | | | | | V-6-1 |
| ES ES | 17 | Fed | deral income tax | withheld | | | | | |
| 2 | 18 | Allo | ocated tips | | | | | | |
| A | 19 | | | | | | | | |
| CHANGES | 20 | Gro | oss annuity, etc. | (W-2P) | | | | | |
| | 21 | | kable amount (W | | | | | | |
| | | | | | | | | | |
| | | | ite wages | | | | | | |
| | 23 | Sta | te tax withheld | | | | | | |
| | 24 | Loc | cal wages | | | | | | |
| | 25 | Loc | cal tax withheld | | | | | | |
| | | | | | | | C | opy B to be filed wit | h employee's FEDERAL tax return |
| | | | | | | | | | |
| | | | | | | | | | Department of the Treasury |
| | Form | , W- | -2c (Rev. 10-85 | 5) State | ement of Corre | ected Incom | e and Tax Am | ounts | Department of the Treasury Internal Revenue Service |
| | Form | 1 W - | - 2c (Rev. 10-85 | 5) State | ement of Corre | ected Incom | e and Tax Am | ounts | |
| | Form | n W - | - 2c (Rev. 10-85 | 5) State | ement of Corre | ected Incom | e and Tax Am | ounts | |
| | Form | n W - | -2c (Rev. 10-85 | 5) State | ement of Corre | ected Incom | e and Tax Am | ounts | |
| | Form | n W - | -2c (Rev. 10-85 | 5) State | ement of Corre | ected Incom | e and Tax Am | ounts | |
| 1 | | | - 2c (Rev. 10-85 | | ement of Corre | ected Incom | e and Tax Am | ounts | |
| 1 | Year | | | | | ected Incom | e and Tax Am | ounts | |
| | Year | being | g corrected | 2 Empl | loyer's use | | | | Internal Revenue Service |
| | Year | being | g corrected | 2 Empl | loyer's use | 4 Statutory employee | | | |
| 3 | Year Form | being 19 | g corrected] W-2] W-2P | 2 Empl | loyer's use AS GU W-2VI | 4 Statutory employee | De 942 ceased employee | Legal Medicare Rep. Fed. emp. | OMB No. 1545-0008 Expires 6-30-88 |
| 3 | Year Form | being 19 | g corrected | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA | 4 Statutory employee | | Legal Medicare Rep. Fed. emp. | Internal Revenue Service OMB No. 1545-0008 |
| 3 | Year Form | being 19 | g corrected] W-2] W-2P | 2 Empl | loyer's use AS GU W-2VI | 4 Statutory employee | De 942 ceased employee | Legal Medicare Rep. Fed. emp. | OMB No. 1545-0008 Expires 6-30-88 |
| 3 | Year Form Empl | being 19 n: [| g corrected] W-2] W-2P | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA 69- | 4 Statutory employee | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year Form Empl | being 19 n: [| g corrected] W-2] W-2P 's correct SSN | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA 69- | 4 Statutory employee | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. eral EIN | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year Form Empl | being 19 n: [| g corrected] W-2] W-2P 's correct SSN | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA 69- | 4 Statutory employee | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. eral EIN | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year Form Empl | being 19 n: [| g corrected] W-2] W-2P 's correct SSN | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA 69- | 4 Statutory employee | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. eral EIN | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year Form Empl | being 19 n: [| g corrected] W-2] W-2P 's correct SSN | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA 69- | 4 Statutory employee | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. eral EIN | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 5 | Year Form Empl | being 19 | g corrected] W-2] W-2P 's correct SSN 's name, address | 2 Empl W-2A W-2C S, and ZIP C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De- ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. aral EIN me, address, and ZIP | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 9 Ccc | Year Form Empl | being 19 | g corrected W-2 W-2P 's correct SSN 's name, address | 2 Empl W-2P W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- | 4 Statutory employee | De- ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. aral EIN me, address, and ZIP | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl | being 19 h: | g corrected] W-2] W-2P 's correct SSN 's name, address | 2 Empl W-2A W-2C S, and ZIP C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De- ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. aral EIN me, address, and ZIP | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl | being 19 h: | g corrected] W-2] W-2P 's correct SSN 's name, address I and/or 12 only the last form yo | 2 Empl W-2A W-2C S, and ZIP C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. aral EIN me, address, and ZIP | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl | being 19 119 12 Land Land Land Land Land Land Land Land | g corrected W-2 W-2P 's correct SSN 's name, address and/or 12 only the last form yoncorrect item he | 2 Empl W-2A W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl | being 19 1: | g corrected W-2 W-2P 's correct SSN 's name, address and/or 12 only the last form yoncorrect item he litem ital security wage | 2 Empl W-2A W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl Empl 13 | being 19 it could be be be being loyee's loyee | w-2 W-2 W-2 Sourcet SSN Sou | 2 Empl W-2P W-2C S, and ZIP c | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl Empl 13 14 | being 19 it leads on the state 11 section how in Soc | g corrected W-2 W-2P 's correct SSN 's name, address the last form youncorrect item he litem ital security wages cal security tips cal security tax w | W-2P W-2C W-2C S, and ZIP C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year Form Empl Empl Empl 13 14 15 | being 19 iii Line Line Line Line Line Line Line L | g corrected W-2 W-2P 's correct SSN 's name, address 's name, address I the last form youncorrect item he Item It | W-2C W-2C W-2C w-2C withheld comp. | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year Form Empl Empl Empl 13 14 | being 19 iii Line Line Line Line Line Line Line L | g corrected W-2 W-2P 's correct SSN 's name, address the last form youncorrect item he litem ital security wages cal security tips cal security tax w | W-2C W-2C W-2C w-2C withheld comp. | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year Form Empl Empl Empl 13 14 15 | being 19 Cloyee' loyee' Soc Soc Soc Wag | g corrected W-2 W-2P 's correct SSN 's name, address 's name, address I the last form youncorrect item he Item It | W-2C W-2C W-2C w-2C withheld comp. | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year Form Empl Empl Empl 13 14 15 16 | being 19 Royee' Royee' Royee' Royee' Royee' Royee' Royee' Royee' Royee | a corrected W-2 W-2P 's correct SSN 's name, address I and/or 12 only the last form yoncorrect item he litem tal security wage tal security tips tal security tax wages, tips, other of | W-2C W-2C W-2C w-2C withheld comp. | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form Empl Empl Empl 13 14 15 16 17 | being 19 It contains the contai | g corrected W-2 W-2P 's correct SSN 's name, address I and/or 12 only the last form yoncorrect item he ltem tal security wages tal security tips tal security tips tal security tax wages, tips, other of | W-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 5 9 | Year Form Empl Empl Empl 13 14 15 16 17 18 19 20 | being 19 Illoyee' Illoyee' Illoyee' Soc Soc Soc Wan | w-2 W-2P 's correct SSN 's name, address 's name, address I and/or 12 only the last form yoncorrect item he lad security wages tal security tips tal security tax wages, tips, other of deral income tax ocated tips | w-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form Empl Empl Empl 13 14 15 16 17 18 19 20 21 | being 19 It can be being love bette 11 | g corrected W-2 W-2P 's correct SSN 's name, address 's name, address I the last form your correct item he Item Item Ital security wage I sal security tips I sal security tax wages, tips, other collections I security tax wages, tips, other collecti | w-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form Empl Empl Empl 13 14 15 16 17 18 19 20 21 | being 19 It can be being state 119 It can be be being state 119 It can be be being state 119 It can be being state 119 It can be be | w.2 W.2 W.2P 's correct SSN 's name, address 's name, address I and/or 12 only the last form you ncorrect item he tal security wage tal security tips tal security tax wages, tips, other of deral income tax becated tips tal security, etc. table amount (W the wages | w-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form Empl Empl Empl 13 14 15 16 17 18 19 20 21 | being 19 It can be being state 119 It can be be being state 119 It can be be being state 119 It can be being state 119 It can be be | g corrected W-2 W-2P 's correct SSN 's name, address 's name, address I the last form your correct item he Item Item Ital security wage I sal security tips I sal security tax wages, tips, other collections I security tax wages, tips, other collecti | w-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Form Empl Empl Empl 13 14 15 16 17 18 19 20 21 | being 19 It closes a set of the s | w.2 W.2 W.2P 's correct SSN 's name, address 's name, address I and/or 12 only the last form you ncorrect item he tal security wage tal security tips tal security tax wages, tips, other of deral income tax becated tips tal security, etc. table amount (W the wages | w-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year Form Empl Empl 13 14 15 16 17 18 19 20 21 22 | being 19 Cloyee' Cl | w.2 W.2 W.2P 's correct SSN 's name, address land/or 12 only the last form yo ncorrect item he cal security wage cal security tax w ges, tips, other of deral income tax ocated tips oss annuity, etc. (able amount (W) the wages the tax withheld | w-2A W-2C W-2C W-2C W-2C W-2C W-2C W-2C W-2C | loyer's use AS GU W-2VI 6 Employer's SSA 69- code | 4 Statutory employee | De-ceased employee 7 Employer's Fed 10 Employer's nan | Legal Medicare Rep. Fed. emp. Peral EIN Me, address, and ZIP of the control of th | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |

| | | being corrected 19 | 2 Empl | loyer's use | | | |
|-------------------|--|--|---|---|----------------------|--|--|
| 3 | Form | | [] W-2A | AS | 4 Statutory | De- 942 Legal Mediceased employee Rep. Fed. | icare OMB No. 1545-0008 |
| • | 1 01111 | | ☐ W-20 | | employee | ceased employee Rep. Fed. | Expires 6-30-88 |
| 5 | Empl | oyee's correct SSN | | 6 Employer's SSA r | number | 7 Employer's Federal EIN | 8 Employer's state I.D. number |
| | | | | 69- | | | |
| 9 | Empl | oyee's name, address | , and ZIP o | code | | 10 Employer's name, address, an | d ZIP code |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| in | corre | ete 11 and/or 12 only of the form you have incorrect item he | u | 11 Employee's inco | rrect SSN | 12 Employee's name (as incorrec | ctly shown on previous form) |
| T11 | ea. Sr | Item | ire v | (a) As Previous | ly Reported | (b) Correct Information | (c) Increase (decrease)-(b) less (a) |
| | 13 | Social security wage | ·S | (4) //5 / / 6 // 6 // 6 | ., | (4) | |
| | 14 | | | | | | |
| | | Social security tax w | ithheld | | | | |
| | 16 | | | | | | |
| S | 17 | Federal income tax v | withheld | | | | |
| 35 | 18 | Allocated tips | | | | | |
| Z | 19 | | | | | | |
| CHANGES | 20 | Gross annuity, etc. (| W-2P) | | | | |
| | 21 | Taxable amount (W- | 2P) | | | | |
| | 22 | State wages | | | | | |
| | 23 | State tax withheld | | | | | |
| | 24 | Local wages | | | | | |
| | 25 | Local tax withheld | | | | | |
| | | | | | | | Copy C for employee's records |
| 1 | | | | | | | Department of the Treasury |
| | _ | | CLAL | amant of Carro | atad Incan | o and Tay Amounts | Internal Payanya Carusa |
| | Form | W-2C (Rev. 10-85 | State | ement of Corre | cted Incon | e and Tax Amounts | Internal Revenue Service |
| | | W-2C (Rev. 10-85 | State | ement of Corre | cted Incon | e and Tax Amounts | Internal Revenue Service |
| | | W-2C (Rev. 10-85 |) State | ement of Corre | cted Incon | e and Tax Amounts | Internal Revenue Service |
| | | | | | ected Incon | e and Tax Amounts | Internal Revenue Service |
| 1 | Year t | being corrected | | loyer's use | cted Incon | e and Tax Amounts | Internal Revenue Service |
| 1 | Year t | being corrected | 2 Empl | loyer's use | | | |
| 1 | Year t | being corrected | | loyer's use | | De 942 Legal Mediceased employee Rep. Fed. | |
| 3 | Year t | being corrected 19 : | 2 Empl | loyer's use | 4 Statutory employee | | icare OMB No. 1545-0008 |
| 3 | Year t | being corrected 19 | 2 Empl | loyer's use AS GU W-2VI | 4 Statutory employee | De- 942 Legal Medi ceased employee Rep. Fed. | icare OMB No. 1545-0008 Expires 6-30-88 |
| 3 | Year t Form Emplo | being corrected 19 : | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA n 69- | 4 Statutory employee | De- 942 Legal Medi ceased employee Rep. Fed. | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year t Form Emplo | being corrected 19 : | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA n 69- | 4 Statutory employee | De- 942 Legal Medi ceased employee Rep. Fed. 7 Employer's Federal EIN | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year t Form Emplo | being corrected 19 : | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA n 69- | 4 Statutory employee | De- 942 Legal Medi ceased employee Rep. Fed. 7 Employer's Federal EIN | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year t Form Emplo | being corrected 19 : | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA n 69- | 4 Statutory employee | De- 942 Legal Medi ceased employee Rep. Fed. 7 Employer's Federal EIN | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Year t Form Emplo | being corrected 19 : | 2 Empl | loyer's use AS GU W-2VI 6 Employer's SSA n 69- | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 1 3 5 9 | Form Emple | being corrected 19 : | 2 Empl W-2F W-2C | loyer's use AS GU W-2VI 6 Employer's SSA n 69- | 4 Statutory employee | De- 942 Legal Medi ceased employee Rep. Fed. 7 Employer's Federal EIN | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year t Form Emplo Emplo | being corrected 19 : | 2 Empl | oyer's use AS GU W-2VI 6 Employer's SSA 1 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year t Form Emplo Emplo | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address | 2 Empl | oyer's use AS GU W-2VI 6 Employer's SSA 1 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | icare emp. OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 | Year the Form Emplo Emplo Emplo Emplo 13 | being corrected 19 : | 2 Empl W-2P W-2C | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 | Year the Form Emplo Emplo Emplo 13 | being corrected 19 : | 2 Empl W-2P W-2C w-2C | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 | Year the Form Employee Employ | being corrected 19 : | W-2F W-2C W-2C if uere | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Year the Form Employee Employee Corrected Shapes 13 14 15 16 | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address tell and/or 12 only ct on the last form you now incorrect item he Item Social security wage Social security tips Social security tax w Wages, tips, other co | W-2F W-2C W-2C if ure series | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Form Emple Emple Emple 13 14 15 16 | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address telland/or 12 only ct on the last form you now incorrect item he Item Social security wage Social security tax w Wages, tips, other or Federal income tax | W-2F W-2C W-2C if ure series | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Form Emple Emple Emple 13 14 15 16 17 | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address tell and/or 12 only ct on the last form you now incorrect item he Item Social security wage Social security tips Social security tax w Wages, tips, other correctal income tax of Allocated tips | W-2F W-2C W-2C if ure series | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Form Form Emple Emple Emple 13 14 15 16 17 18 | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address tet 11 and/or 12 only ct on the last form yound incorrect item he Item Social security wage Social security tips Social security tax w Wages, tips, other corrections and the corrections and the corrections are corrected in the correction and the correction are corrected in the correction are corrected in the correction and the correction are corrected in the correction and the correction are corrected in | 2 Empl W-2A W-2C if u uere is withheld omp. withheld | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 | Form Form Emple Emple Emple 13 14 15 16 17 18 19 20 | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address tet 11 and/or 12 only ct on the last form you now incorrect item he ltem Social security wage Social security tips Social security tax w Wages, tips, other cu Federal income tax of Allocated tips Gross annuity, etc. (| 2 Empl W-2P W-2C W-2C if usere | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Form Emple Emple Emple 13 14 15 16 17 18 19 20 21 | being corrected 19 : | 2 Empl W-2P W-2C W-2C if usere | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Form Emple Emple Emple 13 14 15 16 17 18 19 20 21 | being corrected 19 : | 2 Empl W-2P W-2C W-2C if usere | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccinn fill | Year t | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address te 11 and/or 12 only ct on the last form you now incorrect item he Item Social security wage Social security tax w Wages, tips, other or Federal income tax Allocated tips Gross annuity, etc. (Taxable amount (W- State wages State tax withheld | 2 Empl W-2P W-2C W-2C if usere | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |
| 3 5 9 Ccc in fill | Form Emple Emple Emple 13 14 15 16 17 18 19 20 21 | being corrected 19 W-2 W-2P oyee's correct SSN oyee's name, address tell and/or 12 only ct on the last form you now incorrect item he Item Social security wage Social security tax w Wages, tips, other correct Federal income tax w Allocated tips Gross annuity, etc. (Taxable amount (W- State wages State tax withheld Local wages | 2 Empl W-2P W-2C W-2C if usere | loyer's use AS GU W-2VI 6 Employer's SSA n 69- code | 4 Statutory employee | De- 942 Legal Mediceased employee Rep. Fed. 7 Employer's Federal EIN 10 Employer's name, address, an | omb No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number ad ZIP code ctly shown on previous form) |

Copy C for employee's records

Department of the Treasury
Internal Revenue Service

Notice to Employee:

This is a corrected version of the W-2 form checked in item 3. If you have already filed a tax return for the year shown in item 1, you may have to file an amended return if any of the corrections change your tax liability for that year. Contact the Internal Revenue Service (or

other taxing authority in the case of Form W-2AS, W-2GU, or W-2VI) for further information.
When you file your return, attach this corrected statement with the original W-2. If you have already filed a return, attach this W-2c to your amended return.

Notice to Employee:

This is a corrected version of the W-2 form checked in item 3. If you have already filed a tax return for the year shown in item 1, you may have to file an amended return if any of the corrections change your tax liability for that year. Contact the Internal Revenue Service (or

other taxing authority in the case of Form W-2AS, W-2GU, or W-2VI) for further information.

When you file your return, attach this corrected statement with the original W-2. If you have already filed a return, attach this W-2c to your amended return.

| 1 | | peing corrected | 2 Empl | oyer's use | | | | |
|---------|----------|---|-------------|--------------------|----------------------|----------------------------|----------------------------------|--|
| 3 | Form: | W-2 [W-2P [| ☐ W-2A | | 4 Statutory employee | De- 942 ceased employee | Legal Medicare Rep. Fed. emp. | OMB No. 1545-0008 Expires 6-30-88 |
| 5 | Emplo | oyee's correct SSN | | 6 Employer's SSA r | number | 7 Employer's Fede | eral EIN | 8 Employer's state I.D. number |
| _ | | oyee's name, address | and ZID o | | | 10 Employer's nam | ne, address, and ZIP of | ode |
| 9 | Empi | byee's name, address. | , and zir c | Lode | | 10 Employer sharin | ie, address, and zir k | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| in | corre | te 11 and/or 12 only ct on the last form you now incorrect item he | . 🖢 د | 11 Employee's inco | rrect SSN | 12 Employee's nan | ne (as incorrectly sh | own on previous form) |
| | | Item | | (a) As Previous | ly Reported | (b) Correct | Information | (c) Increase (decrease)–(b) less (a) |
| | 13 | Social security wage | s | | | | | |
| | 14 | Social security tips | | | | | | |
| | 15 | Social security tax w | | | | | | |
| 'n | 16 | Wages, tips, other co | | | | | | , |
| 3Ë | 17 18 | Federal income tax v | withneid | | | | | |
| ž | 19 | Anocated tips | | | | | | |
| CHANGES | 20 | Gross annuity, etc. (| W-2P) | | | | | - |
| 0 | 21 | Taxable amount (W- | | | | | | |
| | 22 | State wages | | | | | | |
| | 23 | State tax withheld | | | | | | |
| | 24 | Local wages | | | | | | |
| | 25 | Local tax withheld | | | | | | to be filed with employee's state, |
| | Form | W-2c (Rev. 10-85) |) State | ement of Corre | ected Incom | e and Tax Amo | • | local income tax return Department of the Treasury Internal Revenue Service |
| | | | 2 F | oyer's use | 1 | | | |
| 1 | | peing corrected | Z Empi | oyer's use | | | | |
| | | | W·2A | 18 | 4 Statutory | De- 942 | Legal Medicare Rep. Fed. emp. | OMB No. 1545-0008 |
| 3 | Form | = : | ₩·26 | | employee | ceased employee | Legal Medicare Rep. Fed. emp. | Expires 6-30-88 |
| 5 | Emplo | oyee's correct SSN | | 6 Employer's SSA | number | 7 Employer's Fed | eral EIN | 8 Employer's state I.D. number |
| | | | | 69- | | 10 5 | ne, address, and ZIP | nada . |
| 9 | Emple | oyee's name, address | , and ZIP (| code | | | | |
| in | corre | te 11 and/or 12 only ct on the last form you now incorrect item he | u 🗗 - | 11 Employee's inco | rrect SSN | 12 Employee's nan | ne (as incorrectly sh | own on previous form) |
| | | Item | | (a) As Previous | sly Reported | (b) Correct | Information | (c) Increase (decrease)–(b) less (a) |
| | 13 | Social security wage | s | | | 1 | | |
| | 14 | Social security tips | | | | | | |
| | 15 | Social security tax w | | | | <u> </u> | | |
| S | 16 | Wages, tips, other co | | | | | | |
| CHANGES | 17 | Allocated tips | withineld | | | | | |
| Ž | 19 | Anocated tips | | | | | | |
| 美 | 20 | Gross annuity, etc. (| (W-2P) | | | | | |
| J | 21 | Taxable amount (W- | | | | | | |
| | 22 | State wages | | | | | | |
| | | State tax withheld | | | | | | |
| | 24 | Local wages | | | | | | |
| | 25 | Local tax withheld | | | | | | |
| | | | | | | | Copy 2 | to be filed with employee's state, |

city, or local income tax return

Department of the Treasury
Internal Revenue Service

| 1 | Year being corrected 19 | 2 Employer | s use | | | |
|----------------|--|---|------------------------------------|----------------------|--|--|
| 3 | Form: W-2 | W-2AS | | 4 Statutory employee | De- 942 Legal Medicare ceased employee Rep. Fed. emp. | OMB No. 1545-0008 |
| | ☐ W-2P | W-2GU | | employee | ceased employee Rep. Fed. emp. | Expires 6-30-88 |
| 5 | Employee's correct SSN | | Employer's SSA n | number | 7 Employer's Federal EIN | 8 Employer's state I.D. number |
| <u> </u> | Employee's name, address, a | | | | 10 Employer's name, address, and ZIP | code |
| , | Employee 3 hame, address, a | 3110 211 0000 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| in | omplete 11 and/or 12 only if accorrect on the last form you led. Show incorrect item here | | Employee's incor | rrect SSN | 12 Employee's name (as incorrectly sl | iown on previous form) |
| | Item | | (a) As Previous | ly Reported | (b) Correct Information | (c) Increase (decrease)–(b) less (a) |
| | 13 Social security wages | | | | | |
| | 14 Social security tips | | | | | |
| | 15 Social security tax with | hheld | | | | |
| | 16 Wages, tips, other com | np. | | | | |
| ES | 17 Federal income tax wit | thheld | | | | |
| 5 | 18 Allocated tips | | | 144 | | |
| CHANGES | 19 | | | | | |
| ਠ | 20 Gross annuity, etc. (W | | ~~~ | | | |
| | 21 Taxable amount (W-2f | P) | | | | |
| | 22 State wages | | | | | |
| | 23 State tax withheld | | | | | |
| | 24 Local wages 25 Local tax withheld | | | | | |
| _ | 23 Local (ax withheld | | | | | Copy D for employer |
| | | | | | | Department of the Treasury |
| | Form W-2c (Rev. 10-85) | Statem | ent of Corre | cted Incom | e and Tax Amounts | Internal Revenue Service |
| L | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | Year being corrected | 2 Employe | r's use | | | |
| 1 | 19 | | r's use | | Old Level Medicard | |
| | 19 Form: W-2 | W-2AS | | 4 Statutory employee | De- 942 Legal Medicare ceased employee Rep. Fed.emp. | OMB No. 1545-0008 Expires 6-30-88 |
| 3 | 19 Form: | W-2AS W-2GU | ☐ W-2VI | | | Expires 6-30-88 |
| 3 | 19 Form: W-2 |] W-2AS] W-2GU | W-2VI | | De- 942 Legal Medicare ceased employee Rep Fed. emp. 7 Employer's Federal EIN | OMB No. 1545-0008 Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 | W-2AS W-2GU | □ W-2VI Employer's SSA r 59- | | 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | 19 Form: | W-2AS W-2GU | □ W-2VI Employer's SSA r 59- | | | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 | W-2AS W-2GU | □ W-2VI Employer's SSA r 59- | | 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 | W-2AS W-2GU | □ W-2VI Employer's SSA r 59- | | 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 | Form: W-2 | W-2AS W-2GU | □ W-2VI Employer's SSA r 59- | | 7 Employer's Federal EIN | Expires 6-30-88 8 Employer's state I.D. number |
| 3 5 9 9 CCC | Form: W-2 | W-2AS W-2GU 6 | □ W-2VI Employer's SSA r 59- | number | 7 Employer's Federal EIN | 8 Employer's state I.D. number |
| 3 5 9 9 Coolin | Form: W-2 W-2P Employee's correct SSN | W-2AS W-2GU 6 6 and ZIP code | □ W-2VI Employer's SSA r 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number |
| 3 5 5 9 Cccin | Form: W-2 W-2P Employee's correct SSN Employee's name, address, a | W-2AS W-2GU 6 6 and ZIP code | □ W-2VI Employer's SSA r 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP | 8 Employer's state I.D. number |
| 3 5 9 9 Coolin | Form: W-2 W-2P Employee's correct SSN Employee's name, address, a omplete 11 and/or 12 only if ncorrect on the last form you led. Show incorrect item here | W-2AS W-2GU 6 6 and ZIP code | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 9 Coolin | Form: W-2 W-2P Employee's correct SSN Employee's name, address, a complete 11 and/or 12 only if acorrect on the last form you led. Show incorrect item here | W-2AS W-2GU 6 6 and ZIP code | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 9 Cccin | Form: W-2 W-2P Semployee's correct SSN Employee's name, address, a complete 11 and/or 12 only if acorrect on the last form you led. Show incorrect item here seem 13 Social security wages | W-2AS W-2GU 6 6 Cand ZIP code | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 Switchest SSN Employee's correct SSN Employee's name, address, and some state of the last form you led. Show incorrect item here sitem 13 Social security wages 14 Social security tips 15 Social security tax with 16 Wages, tips, other constitution of the last form you led. Show incorrect item here sitem here sitem for the last form you led. Show incorrect item here sitem for the last form you led. Show incor | W-2AS W-2GU 6 6 6 mp. | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 Sw-2P Smployee's correct SSN Employee's name, address, a complete 11 and/or 12 only if neorrect on the last form you led. Show incorrect item here seem 13 Social security wages 14 Social security tips 15 Social security tax with 16 Wages, tips, other con 17 Federal income tax with | W-2AS W-2GU 6 6 6 mp. | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 Sw-2P Smployee's correct SSN Employee's name, address, a smployee's name, a | W-2AS W-2GU 6 6 6 mp. | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 Sw-2P Smployee's correct SSN Employee's name, address, a some start of the last form you led. Show incorrect item here some start of the last form you led. Show incorrect item here social security wages 14 Social security tips 15 Social security tax with 16 Wages, tips, other con 17 Federal income tax with 18 Allocated tips 19 | W-2AS W-2GU 6 6 6 mand ZIP code | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 9 Cccin | Form: W-2 SW-2P Smployee's correct SSN Employee's name, address, a support on the last form you led. Show incorrect item here lead to social security wages 14 Social security tips 15 Social security tax with 16 Wages, tips, other con 17 Federal income tax with 18 Allocated tips 19 Cross annuity, etc. (W | W-2AS W-2GU 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 | W-2AS W-2GU 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 W-2P Semployee's correct SSN Employee's name, address, a semployee's name, address, a semplo | W-2AS W-2GU 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 W-2P Employee's correct SSN Employee's name, address, a complete 11 and/or 12 only if neorrect on the last form you led. Show incorrect item here lead in the security wages 14 Social security tax with 16 Wages, tips, other con 17 Federal income tax with 18 Allocated tips 19 20 Gross annuity, etc. (W 21 Taxable amount (W-2) State wages 23 State tax withheld | W-2AS W-2GU 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |
| 3 5 9 | Form: W-2 W-2P Semployee's correct SSN Employee's name, address, a semployee's name, address, a semplo | W-2AS W-2GU 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | W-2VI Employer's SSA n 59- | number | 7 Employer's Federal EIN 10 Employer's name, address, and ZIP 12 Employee's name (as incorrectly s | Expires 6-30-88 8 Employer's state I.D. number code |

Form W-2c (Rev. 10-85) Statement of Corrected Income and Tax Amounts

Instructions for Preparing Form W-2c

Purpose of Form.—Form W-2c is used by an employer (or other payer, in the case of Form W-2P) to correct errors in previously filed Forms W-2, W-2P, W-2AS, W-2GU, or W-2VI. Use a separate **Form W-3c**, Transmittal of Corrected Income and Tax Statements, to transmit each type of form shown in item 3. Section 218 filers (certain state and local governmental employers) must use Form SSA-3964, State's Report of Adjustments, for years before 1982.

Where to File.—Copy A of Form W-2c should be filed with the Social Security Administration. Correct addresses are on the back of Form W-3c. File the remaining copies of W-2c as noted on the bottom of each form.

How to Complete Form W-2c.—For descriptions of individual items, see the instructions for Forms W-2 and W-2P. Complete items 1–10 as applicable. For items 11–25 (Changes) complete only those items that are being corrected. Otherwise leave blank.

Always use a Form W-3c to send more than one Form W-2c. A single Form W-2c may be submitted without a Form W-3c. (**Note:** Section 218 filers must always submit a Form W-3c.)

On any line that shows a dollar change, and one of the amounts is zero, enter ''zero'' or ''0''—do not leave blank.

Negative amounts in column (c) (decreases) must be bracketed.

Specific Instructions

Item 2—Employer's use.—This is an optional item which employers may use to identify individual forms.

Item 6—Employer's SSA number.—This is a number beginning with "69—" that is assigned to certain state or local governmental employers. Also add the L indicator, coverage group and/or PRU number, if these have been assigned to you by SSA.

Item 8—Employer's state I.D. number.—You are not required to complete this item. This number is assigned by the individual states. You may want to complete this item if you use copies of this form for your state returns.

Items 11 and 12.—Complete items 11 and/or 12 only if you wish to correct an employee's SSN or name. If the previously reported money amounts were correct, you do not need to enter them on Form W-2c.

Item 19.—Use this line to correct the amount of taxable fringe benefits shown in Box 16 of Form W-2, the advance earned income credit payment shown in Box 7 of Form W-2, or the IRA code shown in Box 14 of Form W-2P. Be sure to label the item as "Fringe benefits," "Advance EIC payment," or "IRA code."

Items 22 through 25—State or local data.—If your ONLY changes to the original W-2 are to state or local data, DO NOT send the W-2c to SSA or your State Social Security Administrator.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue and Social Security laws of the United States. We need it to ensure that taxpayers are complying with these laws and so that we can figure and collect the right amount of tax. You are required to give us this information.

Instructions for Preparing Form W-2c

Purpose of Form.—Form W-2c is used by an employer (or other payer, in the case of Form W-2P) to correct errors in previously filed Forms W-2, W-2P, W-2AS, W-2GU, or W-2VI. Use a separate Form W-3c, Transmittal of Corrected Income and Tax Statements, to transmit each type of form shown in item 3. Section 218 filers (certain state and local governmental employers) must use Form SSA-3964, State's Report of Adjustments, for years before 1982.

Where to File.—Copy A of Form W-2c should be filed with the Social Security Administration. Correct addresses are on the back of Form W-3c. File the remaining copies of W-2c as noted on the bottom of each form.

How to Complete Form W-2c.—For descriptions of individual items, see the instructions for Forms W-2 and W-2P. Complete items 1–10 as applicable. For items 11–25 (Changes) complete only those items that are being corrected. Otherwise leave blank.

Always use a Form W-3c to send more than one Form W-2c. A single Form W-2c may be submitted without a Form W-3c. (**Note:** Section 218 filers must always submit a Form W-3c.)

On any line that shows a dollar change, and one of the amounts is zero, enter "zero" or "0"—do not leave blank.

Negative amounts in column (c) (decreases) must be bracketed.

Specific Instructions

Item 2—Employer's use.—This is an optional item which employers may use to identify individual forms.

Item 6—Employer's SSA number.—This is a number beginning with "69—" that is assigned to certain state or local governmental employers. Also add the L indicator, coverage group and/or PRU number, if these have been assigned to you by SSA.

Item 8—Employer's state I.D. number.—You are not required to complete this item. This number is assigned by the individual states. You may want to complete this item if you use copies of this form for your state returns.

Items 11 and 12.—Complete items 11 and/or 12 only if you wish to correct an employee's SSN or name. If the previously reported money amounts were correct, you do not need to enter them on Form W-2c.

Item 19.—Use this line to correct the amount of taxable fringe benefits shown in Box 16 of Form W-2, the advance earned income credit payment shown in Box 7 of Form W-2, or the IRA code shown in Box 14 of Form W-2P. Be sure to label the item as "Fringe benefits," "Advance EIC payment," or "IRA code."

Items 22 through 25—State or local data.—If your ONLY changes to the original W-2 are to state or local data, DO NOT send the W-2c to SSA or your State Social Security Administrator.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue and Social Security laws of the United States. We need it to ensure that taxpayers are complying with these laws and so that we can figure and collect the right amount of tax. You are required to give us this information.